Determinants of road courtesy in Malta: a prerogative of gender, age and car size

Edward Attard Montalto, Simon Attard Montalto
1Department of Physics and Mathematics, The University of Bath, Bath, 2Department of Paediatrics, The Medical School, University of Malta

Introduction: Courtesy on busy Maltese roads is not always evident but is it dependent on or influenced by, for example, driver and car characteristics?

Methods: Courtesy was defined when a driver with the right of way ‘allowed access’ to another, ‘secondary’ car onto a main road leading to a congested roundabout, whereby ‘courteous passage’ was the only reasonable means of access. The same car (class2, 17.5yrs in poor condition), with one driver (SAM, 50+) and passenger (EAM, 17yrs), approaching the same junction at 0730hrs±15min on school days was used as the secondary car.

Details of all cars that refused or allowed access, their drivers’ gender and age (to nearest 10yrs), accompanying passengers and weather were recorded by EAM onto a proforma, standardised outcomes and survival.

Results: Records from 88 schooldays over 6 months resulted in 141 refusals plus 44 courteous passes (analysed), and 46% of 0730hrs±15min on school days was used as the secondary car. Details of all cars that refused or allowed access, their drivers’ gender and age (to nearest 10yrs), accompanying passengers and weather were recorded by EAM onto a proforma, standardised outcomes and survival.

Conclusion: Adoption of these guidelines will allow widespread implementation of up to date and evidence based oncology protocols, assist in the provision of consistently high standard of care in the local setting and improve patient outcomes and survival.

The grey area: self-evaluation of performance in medical students at the University of Malta

Rebecca Amy Stoner1, Edward Joseph Caruana2, Isabel Stabile
1Faculty of Medicine & Surgery, University of Malta, 2Department of Cardiothoracic Surgery, Papworth Hospital, Cambridge, 3Department of Anatomy, Faculty of Medicine & Surgery, University of Malta

Introduction: Precise self-evaluation and a keen insight into one’s performance and limitations are essential in medical practice. We sought to assess the accuracy of medical students’ self-evaluation of their own performance in a written clinical anatomy test.

Methods: Participating students, recruited from the first to the penultimate year of medical school, submitted voluntarily to a best-of-four multiple-choice test, consisting of 99 clinical and non-clinical anatomy questions spanning all principal body regions, under examination conditions. They were then asked to estimate their score. Unpaired t test and ANOVA were used for initial statistical analysis.

Results: 189 students, 89 (47.1%) male, participated in the study. 139 (73.5%) were Maltese nationals, whilst 34 (17.9%) and 16 (8.4%) were European and other international students, respectively. Overall, students underestimated their true performance by 16.2±15.2% (mean±SD), with no improvement in accuracy of self-evaluation noted along the course of study (p = 0.7560). Female students tended to underrate more than their male counterparts (19.1±13.9% vs 12.8±16.0%, p = 0.0048), despite no difference in actual score (p = 0.1527). Non-Maltese European students estimated the furthest below their actual score (23.8±19.5%), with Maltese (15.7±15.8%) and other international (5.3±12.8%) students showing more insight (p=0.0005).

Conclusion: Students failed to correctly evaluate their performance in a simple written anatomy test. It needs to be determined whether this lack of insight also extends to practical examinations as well as clinical skills. This may demonstrate the need for targeted non-technical skills training in medical school and beyond.

How much anatomy do medical students remember?

Rebecca Amy Stoner1, Edward Joseph Caruana2, Isabel Stabile3
1Faculty of Medicine & Surgery, University of Malta, 2Department of Cardiothoracic Surgery, Papworth Hospital, Cambridge, 3Department of Anatomy, Faculty of Medicine & Surgery, University of Malta

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Practice guideline was already in place for febrile neutropenia. All three emergencies listed are potentially treatable, if this is immediate, appropriate and sequential. These guidelines are intended to assist on the initial assessment, investigation and streamline management of patients. They are however not intended as a substitute for specialist oncology input to disseminate a framework for homogenous and evidence based clinical practice for the clinicians concerned.

Conclusion: Adoption of these guidelines will allow widespread implementation of up to date and evidence based oncology protocols, assist in the provision of consistently high standard of care in the local setting and improve patient outcomes and survival.

Anatomical knowledge retention in each year of medical school.

Edward Attard Montalto1, Simon Attard Montalto2
1Department of Physics and Mathematics, The University of Bath, Bath, 2Department of Paediatrics, The Medical School, University of Malta

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